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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/902,121
		Filing Date	July 10, 2001
		First Named Inventor	Cloonan
		Art Unit	2666
		Examiner Name	Harper
Total Number of Pages in This Submission	5	Attorney Docket Number	7015

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Complete if Known

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TOTAL AMOUNT OF PAYMENT	(\$)	130.00
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	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

	<u>Small Entity</u>
<u>Fee (\$)</u>	<u>Fee (\$)</u>
50	25
200	100
360	180
<u>Multiple Dependent Claims</u>	
<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 20 or HP = _____	x _____	= _____	
HP = highest number of total claims paid for, if greater than 20.			
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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